



The Commonwealth of Massachusetts
Department of Public Safety

State Boxing Commission
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-9200
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TTY (617) 727-0019

www.mass.gov/dps

APPLICATION FOR KICK-COUNTER LICENSE

(Please Type or Print Legibly With Ball Point Pen)
(Illegible or incomplete applications will not be accepted)

I. BACKGROUND INFORMATION

NAME _____
First Middle initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # () E-MAIL ADDRESS _____

DATE OF BIRTH / / PLACE OF BIRTH _____

SOCIAL SECURITY # _____ OCCUPATION _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
Street City State Zip

EMPLOYER'S TELEPHONE # () _____

HAVE YOU EVER BEEN LICENSED AS A KICK COUNTER IN ANOTHER STATE? _____
WHICH STATES? _____

II. THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION (check box indicating compliance):

- ☐ \$50 application fee
- ☐ two 1 inch by 1 inch photographs of the applicant's head (without headwear)
- ☐ copy of a government issued photo identification (e.g.- driver's license)

III. ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR OFFICIAL USE ONLY

DATE OF REVIEW: _____

APPROVED _____ DENIED _____

DF Yes ___ No ___

GL Yes ___ No ___

NM Yes ___ No ___

DATE LICENSE MAILED:

REASON FOR DENIAL: